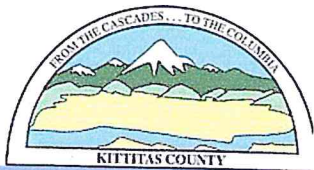


SP-16-00003



KITITITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926
CDS@CO.KITITITAS.WA.US
Office (509) 962-7506
Fax (509) 962-7682

"Building Partnerships - Building Communities"

SHORT PLAT APPLICATION

(To divide a lot into no more than 4 lots, according to KCC 16.32)

Please type or print clearly in ink. Attach additional sheets as necessary. Pursuant to KCC 15A.03.040, a complete application is determined within 28 days of receipt of the application submittal packet and fee. The following items must be attached to the application packet.

REQUIRED ATTACHMENTS

- Five large copies of short plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5"x11" copy.
- Project Narrative responding to Questions 9-11 on the following pages.

OPTIONAL ATTACHMENTS

(Optional at submittal, required at the time of final submittal)

- Certificate of Title (Title Report)
- Computer lot closures

APPLICATION FEES:

\$2,320.00	Kittitas County Community Development Services (KCCDS)
\$220.00	Kittitas County Department of Public Works
\$130.00	Kittitas County Fire Marshal
\$570.00	Public Health Proportion (Additional fee of \$75/hour over 4 hours)
\$3,240.00	Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): 	DATE: <u>9/21/16</u>	RECEIPT # <u>31588</u>	
DATE STAMP IN BOX			

COMMUNITY PLANNING • BUILDING INSPECTION • PLAN REVIEW • ADMINISTRATION • PERMIT SERVICES • CODE ENFORCEMENT

GENERAL APPLICATION INFORMATION

1. **Name, mailing address and day phone of land owner(s) of record:**
Landowner(s) signature(s) required on application form.

Name: John MacIsaac
Mailing Address: P.O. Box 310
City/State/ZIP: Roslyn, WA 98941
Day Time Phone: 509-554-2966
Email Address: john2bid@rol.com

2. **Name, mailing address and day phone of authorized agent, if different from landowner of record:**
If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.

Agent Name: Chuck Cruse
Mailing Address: P.O. Box 959
City/State/ZIP: Ellensburg, WA 98926
Day Time Phone: 962-8242
Email Address: cruseandassoc@kivalley.com

3. **Name, mailing address and day phone of other contact person**
If different than land owner or authorized agent.

Name: _____
Mailing Address: _____
City/State/ZIP: _____
Day Time Phone: _____
Email Address: _____

4. **Street address of property:**

Address: WEST SIDE RD
City/State/ZIP: CLE ELUM, WA 98922

5. **Legal description of property (attach additional sheets as necessary):**

LOT 1, VOLUME E OF S.P.'S PGS 222-223
PORTION N $\frac{1}{2}$ /SW $\frac{1}{4}$ SEC 34-T20N-R15E.

6. **Tax parcel number(s):** 20-15-34059-0001

7. **Property size:** 7.70 AC (acres)

8. **Land Use Information:**

Zoning: AG 3 Comp Plan Land Use Designation: URBAN, ALLOWED USE

PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

- 9. **Narrative project description (include as attachment):** Please include at minimum the following information in your description: describe project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.
- 10. **Are Forest Service roads/easements involved with accessing your development?** If yes, explain.
NO
- 11. **What County maintained road(s) will the development be accessing from?**
WEST SIDE ROAD

AUTHORIZATION

- 12. Application is hereby made for permit(s) to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the agencies to which this application is made, the right to enter the above-described location to inspect the proposed and or completed work.

All correspondence and notices will be transmitted to the Land Owner of Record and copies sent to the authorized agent or contact person, as applicable.

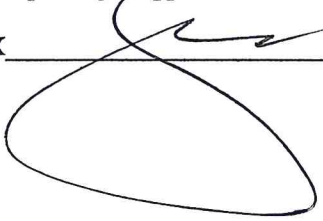
Signature of Authorized Agent:
(REQUIRED if indicated on application)

X *Charles A. Cruz*

Date:

9-21-16

Signature of Land Owner of Record
(Required for application submittal):

X 

Date:

9.20.16

MACISAAC SHORT PLAT NARRATIVE:

Divide a 7.7 acre parcel into a 3.00 acre parcel and remainder. The existing access will continue to be used as shown on the plat map. Parcels will be served by individual wells and septic systems.

